c	$^{\prime}$	_ /	$\neg$	$\sim 1$	$\bigcap PN$	1 ^

0.500

AGENCY ACCOUNTING

OFFICE USE ONLY

PAID BY REV. FUND CHECK No.

STATE C														
STD 262		(PENSE CLAIM									Page	1 of	1	Pages
CLAIMANT'S NAME					SOCIAL SECURITY NUMBER*				DEPARTMENT					
Stephen M. Hardy					On-file					Alcoholic Beverage Control				
POSITION CB/ID NUMBER				DIVISION OR BUREAU					INDEX NUMBER					
Director				Headquarters					5000					
RESIDE	ICE AD	DRESS*				HEAD	QUARTER	S ADDRESS	S (DIS	TRICT OFFIC	E)		TELEPHONE	NUMBER
								nnane Dr	ive, S	Ste. 100				
CITY			STATE		ZIP CODE	CITY	_					STATE		ZIP CODE
		Las	<b>                                   </b>	1			Sacram	ı				CA	(0)	95834
(1)MONT			(4)	(5)	MEALS	1	(6)	(7)	1	TRANSPORT	ATION	(D)	(8)	(9)
(2)	JAN. 2010 LOCATION WHERE EXPENSES		LODG NG			O.T., L/T,	NCIDEN-	(A)	(B)	(C) CARFARE,	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES
DATE	T ME	WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO. OR DINNER	TALS	COST OF TRANS.	TYPE USED	TOLLS, PARKING	MILES	AMOUNT		FOR DAY
01/19	1339 1437	SACTO								3.00		0.00		3.00
01/22	1323	DIEGO, CA				18.00						0.00		18.00
01/23	1122	SAN DIEGO RETURN TO SACTO	123.75	6.00			6.00	31.00		15.00		0.00		181.75
01/25	1203 1324	SACTO								8.75		0.00		8.75
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(10)	SUB	TOTALS	123.75	6.00	0.00	18.00	6.00	31.00		26.75	0	0.00	0.00	211.50
	CLA	IM TOTAL	•		•			•		•			\$21	1.50
(11) PUR	POSE O	FTRP, REMARKS AND DE	ETA LS	(Attach rece	eipts/vouchers	when require	ed)							
		eting with Assemblyr			01/22-23	/10-Atter	nding Sar	n Diego N	eighl	orhood Ma	arket A	ssoc. Awa	ds Dinner;	;
		eting with Calif. Reta		1	I	I	I		T	I				
(12) NORMAL WORK HOURS		INDEX	OBJ	AO	PCA	AMOUNT	INDEX	OBJ	AO	PCA	AMOUNT	SUB TO		
(13) PRI	0800-1500 (13) PRIVATE VEHICLE LICENSE No.													0.00
,		<u>-</u>												0.00
(14) MILEAGE RATE CLAIMED		ATE CLAIMED												0.00

 $requirements \ as \ prescribed \ by \ SAM \ Sections \ 0750, \ 0751, \ 0752, \ 0753 \ and \ 0754 \ pertaining \ to \ vehicle \ safety \ and \ seat \ belt \ usage.$ 

(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
se)	DATE

0.00

0.00

0.00

0.00

0.00

**TOTALS TOTALS** 0.00 (15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the